



Maricopa County

Air Quality Department

Performance Test Protocol Submittal Form

A copy of this form shall be completed for each piece of equipment to be tested and the completed form shall be submitted with the test protocol. In addition to answering each question in the space provided, please provide the section and page number of the test protocol in which the question is more fully addressed (in the "Protocol Section/Page Number" column). This form is available on the Air Quality website at: www.maricopa.gov/aq/permits/policies.asp

Facility:
Air Quality Permit Number:
Equipment Being Tested:
Test Date(s):
Test Company:

Target Pollutant/Constituent	Proposed Test Method	Number of Test Runs	Test Run Duration	Port Location (Inlet/Stack)	Number of Sample Points

Protocol Section/
Page Number

1) Has the specific purpose for the proposed testing been defined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Will the test results be used for other regulatory purposes (e.g., emission inventories, permit application, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Has the facility's operating schedule (maximum and normal in hr/day, day/wk and wk/yr) been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Have complete process and control equipment descriptions been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Does the process include cyclical or batch operations that could produce variable emissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Have the process operating schedule (maximum and normal in hr/day, day/wk and wk/yr) and process rate (maximum and normal) been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7) Has the target process rate for testing been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8) Have or will there be any adjustments or significant maintenance performed on the control equipment during the six-month period prior to testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9) Have there been any equipment modifications, failures or malfunctions during the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10) Have there been any emissions-related engineering evaluations conducted on the system during the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Protocol Section/

11) Will all testing be conducted in strict accordance with the applicable test methods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12) Do all proposed sampling locations meet the minimum EPA Method 1 criteria for acceptable measurement sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13) Will absence of cyclonic flow be verified per EPA Method 1 prior to testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14) Will the oxygen concentration be determined by EPA method 3 via ORSAT or strict EPA Method 3A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15) Will the moisture content be determined by EPA method 4 via sample train?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16) Have all calibration gases been certified by standard procedures and are the certifications current, if applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17) Have the procedures for documenting process and control equipment data during testing been determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18) Has it been decided who will document process and control data during testing (facility or test company)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19) Are any confidentiality claims being made with respect to this protocol? If yes, please submit both confidential and non-confidential copies of the test protocol.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signatures: Representatives from the permitted facility and the contracted test company must provide signatures below.

<p><i>We, the undersigned, certify that the information provided on this form and the accompanying test protocol is truthful, accurate and complete.</i></p>	
<p>_____ Facility Representative Date</p> <p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p>	<p>_____ Test Company Representative Date</p> <p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p>